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ORIGINAL ARTICLES

ADDRESS

by

WALTER L. MUNRO, M.D.

EARLY MEDICAL HISTORY IN RHODE ISLAND AND THE RHODE ISLAND MEDICAL SOCIETY*

Just one hundred years ago Dr. Caleb Fiske presented to the Rhode Island Medical Society, and, through it, to the whole profession and to Society at large a fund for awarding annual premiums to the authors of essays which should promote medical progress and aid in the conquest of disease.

We cannot better mark the centenary than by a brief review of early medical history in Rhode Island and of the Rhode Island Medical Society.

* * *

The first English settlements upon the Atlantic coast of North America were made in the early 17th century: at Jamestown, Virginia, in 1607, and at Plymouth, Massachusetts, in 1620. The old country had but recently emerged from the twilight of the Dark Ages during which the torch of learning, all but extinguished in central and western Europe, had been kept alive and burning brightly in the countries about the eastern shores of the Mediterranean. The medical profession, made up mostly of the humble and ignorant barber-surgeons, ranked very low in the social scale in which the nobility and gentry in the first rank were followed in descending order by the Church, law and medicine, the medical man ranking little if at all above the tradesman. The comparatively few members of the Royal College of Physicians, often prosperous, somewhat pompous individuals, aped in dress and deportment their so-called betters. The barber-surgeon, whose most frequent employment

was blood-letting, displayed a bloodstained white rag outside his door as a business sign. Thus originated the barber-pole. The blue band may have been added as a bid for the patronage of the blue-blooded aristocracy.

Medical science did not exist, for "science is knowledge in which systems have no part," and systems ruled supreme in those days and woe betide the assemblage of facts or symptoms which could not be made to fit the preconceived theory.

In the early 1600's the humoral pathology was still in the ascendant and remained so for more than a century longer. Treatment was entirely empirical and without logic. Ignorance and credulity were unbounded. A single prescription will serve as an illustration. The following was selected from many as having a more definite bearing on one of our important present-day problems. It is from the receipt book of John Wadsworth of Duxbury, who writes:

"This Receipt cost me fifty pounds by count, and I pray yt you would not expose the same without good fee: this for a canser humor. Take 3 frogs and put ym into a deep airthen Basen and power upon them as much swete oyel as will cover them, put ym into a hot oven and let ym stand a quarter of an houre: then turn off the remaining oyel and dip tow in it and apply to the canser; and for a plaster you must take the yolkes of 2 eggs, Burnt Allow, 1 oz. Boal armonick, 1 oz., Bay salt one half oz. Bruise all to a fine powder and mix up with yr yolkes of eggs and apply in form of a plaster to the sore every 3d day. Give a portion of a spoon of salts to cool the hete of the Blood; this alwise will carry off a canser humor if timely applied: the person must make them constant Drink canser roots tea . . . We may att sartain times apply a tode cutt in two to the wound two or three times a week the nature of yr tode is such yt will draw out the sharp hot canserous and pysonous and if you proseded in this matter you may cure any canser."

That such abysmal ignorance and incredible credulity were the rule, not the exception, is shown by the medical literature of the times.

But the germs of progress were at work. After nearly twenty years of research and dissections

*Read before the Friday night Medical Club May 17th, 1935, and condensed to make the Annual Address before the Rhode Island Medical Society, June 6th, 1935.

William Harvey was on the eve of announcing his epochal discovery of the circulation of the blood thus giving an entirely new direction to physiology.

Thomas Sydenham, "the father of rational medicine," was inculcating in his disciples and followers a zeal for keen observation of facts and proper interpretation of symptoms. Medical schools were few and the number of those who could take advantage of them quite small.

Still the medical man was beginning to hold a higher place in public estimation and the various bodies of colonists were by the terms of their charters directed to provide themselves with their services styled in the quaint language of one of these documents "comforters for the sick." So Jamestown had its Wotton and Russell, and Plymouth its Deacon Samuel Fuller who seems to have been successful in his ministrations and stood high in the estimation of Gov. Endicott. He probably had no medical degree. Being a Deacon in those days was a full-time job and he was prouder of that title than that of Doctor. It is narrated that he was sent for from places as far distant as Charlestown and Salem.

The number of colonists was small and the supply of doctors, such as they were, was numerically better than in our country districts today. The supply was further augmented by the fact that most ministers and many high officials, notably Gov. John Winthrop, Jr., had a smattering of the medical lore of the day. Cotton Mather said that "there should be no distinction between theology and physic."

Until about midway of the 18th century obstetrics were entirely in the hands of the numerous midwives, many of whom seem to have been quite hardboiled so as to have exposed themselves in some instances to the suspicion of witchcraft. The first of the witches to be hanged in Salem was a doctress, Margaret Jones.

It was natural in communities where men of education were rare that members of the medical profession soon became men of large affairs, so that we find an undue preponderance of them in town and colonial governments, legislatures, the Colonial Congress and among the signers of the Declaration of Independence, as well as in the military.

The greater seaports, Boston, New York, Philadelphia and Charleston, were the medical centers of those days, and made most of the early medical history in this country. Newport was not far behind as a port of entry. For many years it was second only to Boston in point of size in New England.

The possessors of medical degrees were few and had, of course, been educated abroad. The medical student in this country apprenticed himself to some successful doctor for a period of three or four years during which he studied such books as his preceptor was fortunate enough to possess, accompanied him on his rounds, compounded his prescriptions and, we suspect, often curried the horses and milked the cows between times. Many of their preceptors were well versed in the classics so that the apprentice not infrequently acquired an excellent cultural background. At the end of his apprenticeship the preceptor gave him a "recommendation" or "certificate" with which as his stock in trade he started in practice.

The favored few whose finances permitted and for whom from forty to seventy days on a comparatively small sailing-vessel had no terrors, went abroad to complete their education and, if the funds held out, take a degree. Edinburgh was their Mecca in the early days where they were privileged to study under the first Munro, known in history as "Munro Primus" (he was followed by his son and grandson) who founded the Medical School of Edinburgh in 1719. John and William Hunter in London were sought out by many while others went over to Leyden where Boerhaave held forth, and not infrequently took their degrees there. The relations of these students with their foreign masters seem to have been much more intimate than obtain today. They were received at times into the homes of their preceptors and granted a friendship which was kept up by correspondence after returning home.

It would be profitable to follow the careers while abroad of many of those who became the leaders of the profession in America, but we must confine ourselves for the most part to the distinguished few from Rhode Island and Providence Plantations.

The late Dr. W. S. Sherman of Newport, by his patient researches and published articles, made this subject peculiarly his own. We have borrowed freely from Dr. Sherman. THE RHODE ISLAND MEDICAL JOURNAL for May 1931 published his paper entitled "Some Notes on Early Medicine and Surgery in Newport County, the Cradle of American Medicine."

There was no doctor among the followers of Roger Williams; indeed up to the beginning of the 18th century "there was no physician in the northern part of the state," but Newport, owing to its favorable location and mild climate, early attracted

a considerable number of colonists possessing means, education, and refinement. Dr. John Clarke, who had studied both theology and medicine at Leyden, was one of the first band of settlers in 1638 and the first doctor in the colony. He also occupied the pulpit of the Baptist Church which still bears his name. Later he returned to England where, with the help of Roger Williams, he succeeded after twelve years in securing in 1663 the charter under which we lived, as colony and federal state, until 1843 when it was succeeded by the charter which the present dominant party is endeavoring to scrap.

The earliest license granted in Rhode Island (in 1641) ordered that "Dr. Robert Jeffreys shall be authorized to exercise the function of Chirurgie." This distinction between the physican and the surgeon is seen in similar licensures granted in Virginia and Connecticut at about the same date. The surgeon was distinctly the inferior of the physician.

The first medical degree conferred in any of the colonies was bestowed upon Captayne John Cranston in 1664 by the colonial legislature. The act reads:

"Whereas the Court hath taken notice of the great blessing of God on the good endeavors of Captayne John Cranston of Newport, both in phissicke and chirurgery, to the great comfort of such as have had occasion to improve his skill and practice etc. The Court doe therefore vnanimously enacte and declare that the said Captayne John Cranston is lycenced and commistioned to administer phissicke, and practice chirurgery throughout this whole Collony and is by this conrt styled and recorded Doctor of phissicke and chirrurgery by the authority of this the Generall Assembly of this Collony."

To the objection raised by some that this was merely a license, Professor Waite, in a recent monograph, replies that as the legislature had an undoubted right to confer upon other bodies the power to grant degrees, it certainly could itself exercise that function. Capt. John Cranston was an outstanding example of the versatility of the abler men of the colonies, being at different periods Attorney General, Commissioner to the Convention with the adjoining colonies, Commander-in-Chief of the armed forces of the colony in King Philip's War, and finally Governor of the colony. It is not known whether he had enjoyed any formal medical training.

The first M.D. granted in America was conferred by Yale in 1723 (fully ninety years before they had a medical department) on Dr. Daniel Turner who was never in this country. Being, like other surgeons of his time, anxious to break away from the Company of Barber-Surgeons, so that he might join the Royal College of Physicians, he got himself expelled from the Barber-Surgeons and, through Mr. Dummer, agent in England for Connecticut Colony, sent a valuable consignment of medical books to Yale with the request that the college give him an M.D. He got the M.D. but it was not recognized by the Royal College of Physicians. He was never admitted to fellowship; in fact, in view of the circumstances under which it was granted, the M.D. was interpreted as meaning "multum donavit."

Among those arriving at Newport in the early part of the 18th century was Bishop Berkeley. Esteemed one of the most scholarly and highly educated men of the time, he, like Cotton Mather, believed that he had a cure of bodies as well as of souls. Ironically enough, in spite of his many perfections he is probably best remembered by us moderns for his tar-water specific. It is worth reporting to illustrate the credulity of the times. He writes:

"To render Tar Water as generally useful as possible, I would draw up some rules and remarks in a small compass.

"Norwegian tar being the most liquid, mixes best with water. Put a gallon of cold water to a quart of this tar, stir and work them very strongly together with a flat stick, for about four minutes. Let the vessel stand covered forty-eight hours that the tar may subside. Then pour off the clear water, and keep it close-covered, or, rather, bottled, and well-stopped, for use.

"I must own myself persuaded, from what I have already seen and tried, that tar water may be drank with great safety and success in the cure or relief of most if not all diseases; in ulcers, eruptions and all foul cases; scurvies of all kinds, disorders of the lungs, stomach and bowels; in nervous cases, in all inflammatory distempers; in decays and other maladies. Nor is it of use only in the cure of sickness; it is also useful to preserve health, and guard against infection and old age; as it gives lasting spirits, and invigorates the blood. I am even induced, by the nature and analogy of things, and its wonderful success in all kinds of fevers, to

think that tar water may be very useful in the plague both as a cure and as a preventive."

A truly wonderful universal specific!

The good Bishop played an active part in establishing in 1730 the Newport Philosophical Society which antedated the famous Philosophical Society of Philadelphia in which Benjamin Franklin played the leading role. Doctors John Brett and Thos. Moffat came to Newport from Europe and joined forces with Bishop Berkeley, Dr. Haliburton and others in promoting the Redwood Library which was opened in 1747. Of the library a diarist wrote: "It sowed the seeds of the sciences, and rendered the inhabitants of Newport a better read and inquisitive people than any other town in the British Colonies."

Dr. William Hunter, said to have been a cousin of the celebrated John and William Hunter, a graduate from Edinburgh and a very well educated practitioner, arrived at Newport in 1752 and met with instant success in both medicine and surgery. He was the "first male accoucher in the colony."

In 1754-56 Dr. Hunter delivered the *first course of medical lectures* given in the colonies. Philadelphia has long claimed this honor, basing its claim on the classes held by Dr. Shippen in 1762; but as long ago as 1828 Dr. James Thacher, in his "Memoirs of Eminent American Physicians," conceded priority to Dr. Hunter as did Drs. F. R. Packard and James G. Mumford, later historical writers; but still the controversy continued. The painstaking researches of Dr. Sherman brought to light Dr. Hunter's advertisements of his proposed course in the *Boston Evening Post* for January 20th and January 27th and February 3rd, 1755. They unearthed several tickets of admission, printed on the backs of playing cards and bearing numbers (61 and 101) which would indicate that the lectures were well attended; they revealed many references, both written and printed, to this course of instruction. His conclusions were, as has been stated, published in THE RHODE ISLAND MEDICAL JOURNAL for May 1931.

Recently (January 1935) there appeared in the *Annals of Surgery* a paper by Dr. E. B. Krumbhaar of Philadelphia who (apparently without knowing of Dr. Sherman's work, for he does not allude to him in his references) has patiently gone over the same grounds, with some help from Dr. Henry Barton Jacobs, and arrived at the same conclusions, which he states as follows:

"As regards their priority in the history of Anatomy in this country, there seems to be every reason to accept the belief that they were the first systematic advertised public lectures on the subject known to have been delivered in this country"; and again "he (Dr. Hunter) unquestionably deserves the fame for having been the first known in this country to have given a publicly announced, successful course of lectures on Anatomy and Surgery."

Dr. Krumbhaar's article is profusely illustrated, and well documented. The question would seem to be settled.

Speaking of Dr. Hunter and Dr. Haliburton, Dr. Benjamin Waterhouse wrote: "We doubt whether Boston, New York or Philadelphia ever had, at one and the same time, two practitioners of physic and surgery, better educated and more skilful than these two gentlemen."

The practice of inoculation for small-pox, age-old in the Orient, was introduced in England in 1721 by Lady Mary Wortley Montagu, who had seen it practiced among the Turks. By one of those coincidences which have frequently occurred in medicine, it came simultaneously to the notice of Cotton Mather, then an octogenarian, who grasped at it as an aid in the epidemic then raging in Boston. Bitterly opposed and maligned by all the medical men in Boston, he went out to Brookline and secured the aid of Dr. Zabdiel Boylston. We at this day can form no idea of the bitterness and savagery of the conflict which followed. The mob spirit was aroused. Dr. Boylston, hunted with halter and bombs, was obliged to go out under cover of night to see his patients; the houses of both men, Mather and Boylston, were bombed, but *they* could not be terrorized. When the epidemic subsided it was found that, notwithstanding the crude method practiced, only one in forty-eight of those inoculated had died, against more than one in seven of the uninoculated.

Dr. Jonathan Easton of Newport in 1772 was the first to inoculate in Rhode Island. Dr. Oliphant and Dr. Isaac Senter were both eminent practitioners in Newport, the latter especially acting as preceptor to many who afterward achieved note. It is evident that our southern capital could hold up its head with any of the medical centers in this country. It would be wrong to end this brief record of its standing in the 18th century without speaking of Benjamin Waterhouse, a native of the city who after studying diligently under Dr. Haliburton,

went abroad and secured his M.D. at Leyden in 1780. He became a member of the Board of Fellows of Brown University from 1782 to 1795 and Professor of Natural History in that college from 1784 to 1791. He later removed to Cambridge about 1795 and again went abroad for further study in England and Holland. His mother was a cousin of the great Dr. Fothergill whom, in his pride of relationship, he always called Uncle John. "Uncle John" was at that time the most sought after medical teacher in England just as Sir Astley Cooper was the lodestone for surgical students, while in Edinburgh Browne and Cullen had their followers in medicine and Munro Secundus, Abernethy and John Bell in surgery.

The mention of Fothergill recalls the advice he gave to Samuel Bard, who later became the brilliant New York surgeon and prime mover in founding King's College Medical School, which, after several changes of name, in a stormy and broken early career became finally the Columbia Medical School. To attain success he said, "You must do as I have done: I crept over the backs of the poor into the pockets of the rich."

In 1800 Jenner was just completing his experimentation with cow-pox virus. Dr. Waterhouse secured some of his vaccine and, returning home in 1800, tried it first on his own five-year-old son, following it up a few weeks later by inoculating the boy for small pox, thus completing a most successful demonstration *before* Jenner had published his discovery to the public. Vaccination was received by the people calmly and peacefully as compared with the reception accorded inoculation. Dr. Waterhouse was appointed a Professor at the Harvard Medical School, a position which he held from its founding in 1798 until 1812.

Providence at this period was but a small country town, lacking in everything which makes for refinement and culture. It had in 1748 but 3,452 inhabitants, but it did play its small role in the cause of medical education.

Dr. David Vanderlight, Physician and Chemist, a man of good family at Steenwyck, a town on the Zuyder Zee in Holland, holding a degree from the University of Leyden, came to Providence about 1750, married Mary, sister of the four powerful Brown brothers (John and Josey, Nick and Mosey) and went to housekeeping in a house on South Main Street, built in 1745 and only recently torn down to make way for the new Court House. All of you

who have sporting blood in your veins will remember the house as Carl Young's Hotel.

Dr. Vanderlight "was the principal druggist of the town," and "the first to give practical instruction in anatomy in Providence." "In connection with his brothers-in-law he engaged in the manufacture of candles, having brought with him from Europe a knowledge of the Dutch process of separating spermaceti from its oil." He died Feb. 14, 1755, just five days after the death of his ten months old infant son and only child.

So much has been gleaned from the pages of the "Chad Brown Memorial" and other sources. Diligent search has thus far added little to these details. Vanderlight left a surprisingly large personal estate (he owned no realty) for an apothecary in a little country town. His inventory, on file in the Probate Court records, totalled £4375 — 14s — 4d (about \$22,000), a far larger capital than that of an apothecary today. Going through this inventory, which covers six and one-half pages in the record-book, only one item was found which had a bearing and that was "1 Case for an Anatomy, with bones."

Rather a slender thread on which to hang a claim to priority in medical education you will say; so it is, but it is all we have, so let us make the most of it. As to the year when this "practical instruction in Anatomy" was given we can only say that it was prior to 1755, since in his will, dated June 17th, 1754, Vanderlight describes himself as a very sick man with no hope of recovery. It is certain that no course of lectures was advertised nor publicly announced. The instruction is said to have been given at the house on South Main Street.

The lectures of Hunter at Newport in 1754-5-6 and those of Shippen at Philadelphia about eight years later were plain indices of the growing need for better medical education. With prosperity and increasing wealth in the country the number of those going abroad to the schools of London, Edinburgh and Leyden was becoming larger year by year and of these fortunates more were staying long enough to obtain their degrees; and it was these very men who, on returning, realized most strongly the need for better facilities here at home and went to work to supply them. Philadelphia took the lead under the impetus given the new movement by the enthusiasm of Dr. Thomas Bond tempered by the political sagacity and hard common sense of Benjamin Franklin. In Philadelphia, the hospital preceded the medical school. Looking back

from the vantage-point of more than a century and a half it seems strange to us moderns that in most instances the school came first and the hospital afterward or not at all.

The course of education to be pursued called for three years' work under a preceptor, as before, supplemented by two courses of fourteen weeks each, after which, on passing an examination, the degree of M.B. was conferred and the recipient was entitled to practice at once, but was expected to return after three years to pass another examination and read and defend a thesis preparatory to receiving his M.D. In practical working it was found that for many of the students the M.B. satisfied all their needs and aspirations and they never came back for the higher honor. The M.B. was abandoned after a trial of twenty-five or thirty years. Though the school at Philadelphia was established in 1765, and that at King's College, New York, in 1768, the latter was the first in America, by a few months, to grant an M.D. in course. This was due to the fact that King's College required attendance on only one course of lectures and gave the M.D. after an interval of only one year instead of three.

While the War of the Revolution checked for a time the progress of medical education in this country, there can be no doubt that in the end it stimulated it. Brought in contact with one another, and, still more, with the more highly-trained surgeons of our French allies, American doctors from all the scattered outposts of the Colonies saw their deficiencies and a new ideal of, and desire for better educational facilities came into being.

Harvard was the first to respond by establishing a school in Cambridge in 1782. The first building was located in "the Yard," far removed from any hospital as well as the homes of the students. For the professors, busy practitioners, the ride back and forth from Boston each day was long and hard. Efforts to bring about its removal to Boston were blocked for many years by our old friend, Dr. Waterhouse, who lived in Cambridge and had no wish to move. The transfer was finally made in 1810. At the same time Drs. John C. Warren and James Jackson, who for many years controlled the destiny of the medical school, began the agitation which resulted in the opening of the Massachusetts General Hospital in 1821.

Nathan Smith, one of the greatest medical teachers and organizers America has produced, was born just across the Seekonk in Rehoboth (now East

Providence). In his childhood the family removed to Vermont, then as wild as any of our frontiers. Mere chance turned the thoughts of the uncouth young backwoodsman toward medicine. By dint of hard work he acquired sufficient education to be accepted as apprentice by a wise and skilful country doctor who after three years gave him his "certificate" with which he began his practice. Feeling keenly his need of further training he went to the newly established school at Cambridge for one course, took his M. B., and returned to his practice at Cornish, N. H. Desirous of providing educational opportunities nearer at hand and more economically come-by, he formed, with President Wheelock, plans for a medical school at Dartmouth and then went abroad to Glasgow, Edinburgh and London to prepare himself to act as instructor.

The first course at Hanover was given in 1798 and Dr. Smith was given his M.D. at the end of it. For twelve years he carried single-handed all of the courses, anatomy, surgery, chemistry, botany, and all the other branches. As Oliver Wendell Holmes, who twenty years later filled the chair of Anatomy at Hanover, said: "Nathan Smith filled no chair at Dartmouth; he occupied a whole settee." Lectures were generally given in the afternoon and were often three or four hours long. The upper classmen and faculty were invited to attend. That his discourse was inspiring is proved by the following well-authenticated incident. President Wheelock attended his lecture one afternoon and left just in time to conduct evening prayers, where he prayed: "O Lord, we thank Thee for the oxygen gas; we thank Thee for the hydrogen gas and for all the other gases. Also, O Lord, we thank Thee for the cerebrum, the cerebellum and the medulla oblongata."

For twelve years Nathan Smith carried on alone without an assistant. In 1813 he was called to New Haven to do for Yale what he had done for Dartmouth and there he remained until his death in 1829 with occasional long jaunts to lecture elsewhere, only taking time off for two years in 1821 to launch his third medical school, that of Bowdoin at Brunswick, Maine. Truly a remarkable man and a wonderful career. One can but regret that he was not born on this side of the Seekonk, so that Rhode Island could claim him.

As we have seen, Providence had in 1700 no doctor. The population was about 1,400. Dr. Richard Bowen, already of the third generation of doctors in his family, had settled in Seekonk (now

East Providence), only two miles away, shortly before 1700 and looked after the medical needs of both communities. His sons, Thomas and Jabez, were both educated as physicians; "Jabez settled in Providence on the home-lot of Roger Williams" not far from where St. John's Church now stands, while Thomas joined his father in Seekonk. Both of them had sons and grandsons who were doctors and had the best educations obtainable at that time. The name Brown became one to conjure with in matters medical for more than a century. The historian who hasn't a Bowen family tree to guide him becomes dizzy trying to follow the relationships.

In 1748 Providence had 3,452 inhabitants, in 1800—7,614, and the leaven of medical progress was working under the care of the Bowens and Drs. Drowne, Throop and Wheaton just as it had under Bond, Morgan and Shippen in Philadelphia, Bard and Jones in New York, and Warren and Jackson in Boston. The desire for better education and the necessity for organization to protect themselves against the quacks and charlatans, who were omnipresent in America, went hand in hand.

Rhode Island College was founded at Warren in 1764. Six years later it removed to Providence, the Brown brothers, John, Joseph, Nicholas and Moses, contributing to and personally supervising the erection of the "College Edifice," now known as University Hall, and the President's house which stood upon the Front Campus. During the building much rum was consumed as shown by the old records. In 1804 Nicholas Brown, Jr., whose father had died in 1798, gave the college \$5,000, and Rhode Island College became Brown University. It had by charter the power to grant degrees in Theology, Law and Medicine. Its first exercise of this function was in conferring an M.D. on Solomon Drowne, who already had an M.B. from the University of Pennsylvania and had spent four years in study abroad.

The leaven was working and in 1811 a School of Medicine was opened. It had no endowment, no provision, save fees, for payment of professors, no library, no laboratories, no clinics. Even at that it was better off than Dartmouth for it had three professors, each with a chair of his own. Strangely enough, as it seems to us, there was at the outset no chair of Theory and Practice of Medicine. The three original members of the faculty were Solomon Drowne, *Materia Medica* and Botany; William Ingalls, Anatomy and Surgery; and William Corlis

Bowen, "Chymistry." Dr. Ingalls was from Boston, a fine surgeon and one of the earliest and most vigorous opponents of blood-letting. Dr. Bowen, a brilliant young man who, after completing his academic course in this country, went abroad, took his M.D. at Edinburgh and then spent some time in France and in England, where he was an intimate of Sir Astley Cooper, died in 1815 from lung trouble brought on by inhaling noxious gases (probably chlorine) while experimenting with bleaching compounds for the benefit of our infant textile industry.

He was succeeded in 1817 by Professor John DeWolf of Bristol, great-grandfather of Dr. Halsey DeWolf. Dr. DeWolf was a thorough chemist and a brilliant and eloquent lecturer who served on the faculties of three other schools beside Brown and was in demand for popular lyceum courses. He was the recipient of an honorary M.D.

Dr. Levi Wheaton, a Brown graduate and pupil of Dr. William Bowen, took the chair of Theory and Practice and Obstetrics in 1815. He was a very able, highly respected practitioner through an exceptionally long life. He was a firm believer in bleeding on all occasions and was wont to say that "only on two or three occasions had he had reason to regret having bled a patient but innumerable times that he had not done so."

Dr. Usher Parsons became Professor of Surgery in 1822. He had been as a very young man with Oliver Hazard Perry at the Battle of Lake Erie, where, owing to the sickness of the two senior surgeons, he had all the surgery to do and did it remarkably well. His record book, written in his own beautifully clear script, is in the record-room at the Rhode Island Hospital and is well worth inspection. One will find "laudable pus" on almost every page. "He received the degree of M.D. at Harvard in 1818, walked the hospitals of Paris and London, and in 1821 became Professor of Anatomy and Surgery at Dartmouth, whence he removed to Brown the next year as adjunct professor of those subjects, becoming full professor in 1823." "If we may accept the testimony of two surviving pupils of the school," modestly writes his son, Professor Charles W. Parsons, "the opening of courses by Dr. Parsons gave new life to the institution. He made arrangements, through channels over which a veil of secrecy had to be thrown, for a supply of anatomical material." The courses were conducted in the "medical building," afterward

occupied by the University Grammar School (Lyon's School) where the administration building now stands. A trap in the floor of the attic allowed the "anatomical material" to be lowered into the lecture-room below.

Without going into details, the school grew steadily. It must have been almost a labor of love for the faculty who, in the early years, were entirely dependent for their compensation on what they could collect from their impecunious and often unwilling students. The requirements were three years under a preceptor, two full courses of lectures of fourteen weeks each with an examination and the presentation of a thesis at the end. The degree given was M.D., the M.B. having by this time been abandoned.

There were two graduates in course in 1814. After that, with the exception of 1815, the number increased annually until in 1825 there were thirteen graduates. The number of students in attendance in the middle twenties was about forty. The Medical School was prospering and seemed destined to a long life; *and then it died.*

It was not a natural death. The school was deliberately and ruthlessly smothered for the sake of a principle which has long since been discarded.

In February 1827 Francis Wayland became President of Brown University. He was a young man of 31. Before he took up religious work, he had himself studied medicine and qualified for practice. Hence he might have been expected to take an interest in the school; but no! not if it ran counter to one of his pet ideas. Dr. Wayland believed firmly in discipline as the basis of all education, and that it could be maintained only by a constant supervision over the students not only in the classrooms but throughout the day. Hence every member of the faculty must occupy a room in one or other of the dormitories and walk in upon the students in his division at odd times at least twice a day. Now the medical faculty, with one exception, were married men with families, beyond the prime of life, and had their professional business to attend. The President could have contrived no surer way of stifling the school. The last degrees were granted in 1827.

Let us study the school's record in the light of the later careers of its graduates. There were conferred between 1812 and 1827, eighty-six degrees in course, twenty-six honorary and six "ad eundem." Out of this number three became nationally known and honored. They were:

First, Jerome Van Crowningshield Smith, M.D. Brown 1818, who, after holding the chair of Anatomy and Surgery at Berkshire Medical Institution (where he was given an "ad eundem" M.D. in 1825), and filling a similar position at New York Medical College, finally settled in Boston where he was Port Physician from 1826 to 1849, edited the *Boston Medical and Surgical Journal* from 1828 to 1856, and was elected Mayor in 1854 and 1855. He also wrote and published extensively in non-medical fields.

Second, Alden March, M.D. 1820, who located in Albany, was Professor of Anatomy and Surgery in Castleton Medical College from 1825 to 1831 and founded in 1827 the Albany Medical Seminary, which later became the Albany Medical College, in which he held the chair of Surgery for many years. He helped found the American Medical Association, of which he became president in 1857, and was one of the best known leaders in medical progress in America.

Third, Elisha Bartlett, M.D. 1826, who, after a year in the hospitals and schools of Paris, settled in Lowell, became its first mayor (1836) and represented it in the General Court.

His career as a teacher began as Professor of Pathological Anatomy at Berkshire in 1832. From that on he was called successively to the medical schools of Dartmouth, University of Vermont at Woodstock, University of Maryland, Transylvania (then one of the largest and most prosperous schools in the country), and Louisville in Kentucky, and, finally, in 1852, to the College of Physicians and Surgeons in New York as Professor of Materia Medica and Medical Jurisprudence. This was his last appointment. He died three years later at his native place, Smithfield, R. I., only fifty-one years old, presumably from lead poisoning.

Besides his teaching career during which he had been connected with seven colleges in twenty years, he was eminent as an author, both medical and non-medical. Probably his most valuable contribution was his "History, Diagnosis and Treatment of the Fevers of the United States" which established for the first time the distinction between Typhus and Typhoid.

Besides these men of national fame, Brown University Medical School graduated several men, headed by Lewis Leprilete Miller, who became acknowledged leaders of the profession in Rhode Island, and others, doubtless as eminent in their

own spheres, who were scattered widely throughout the country.

Surely a young and growing plant which had already produced such fruits as these and was capable of producing more and more, deserved a better end. Its arbitrary and ruthless destruction, because of Dr. Wayland's pet idea, aroused a storm of comment and bitter criticism but the thing was done and beyond repair. Proponents of "new deals" are seldom open to conviction.

Side by side with the idea of a medical school and largely in the same brains there had been germinating plans for a medical society. These matured in 1812 just one year later than the medical school. Forty-nine doctors from all sections of the state but mostly from Newport (7) and Providence (14) signed the original act of incorporation. Of these certainly not more than nine, three of whom were Bowens, probably not as many as that, had their M.D.s; but the majority of them were men of sterling ability and wide experience. A considerable number of them later received honorary degrees from Brown University and elsewhere.

In every medical center there have been and are numerous hereditary medical families one or more of which in almost every generation follow the calling of their forbears. The Bowen family was the outstanding example in the early years of the last century. Beginning with Richard in Seekonk (now East Providence) in the 17th century, there had been an unbroken succession with two and sometimes three medical men in each generation. Many of the more recent Bowens had attended medical schools. They were noted as preceptors and had many students. Ephraim and his sons, William and Pardon, were especially sought after. Both Dr. Wheaton and Dr. Caleb Fiske were pupils of Dr. William Bowen.

Another almost equally old and equally numerous family of physicians is that of the Turners of Newport and East Greenwich which, after the lapse of one generation following the death of Dr. Henry E. Turner, is now active again in the person of Dr. J. Lincoln Turner of Pawtucket.

Dr. Amos Throop was the first President of the Rhode Island Medical Society and died in office. He left no descendants but has numerous followers to this day. He merits a brief notice for their sake. He was a prominent physician, member of the General Assembly for Providence, and President of the Exchange Bank from its founding to the

day of his death. He was, says Dr. Usher Parsons, "tall and of an erect, combined with a commanding deportment; and displayed the characteristics of 'a gentleman of the old school.' In accordance with the fashion of the day, he wore a powdered wig with several stiff tiers of curls, imported direct from London. It is related that the wigbox was appropriated and used as a chopping tray for force-meat balls by the French cook who served several officers of the French army, then quartered in Dr. Throop's house."

"During some period of the war, Dr. Throop volunteered to serve in a military company. There he was selected to serve in the capacity of fugleman. He humorously described the shock which his military pride received at a review, when, in an attempt to shoulder his musket in an exemplary style, it fell to the ground simultaneously with his cocked hat and wig. He affirmed that he was ever afterward content to confine his ambition to serving as a son of Esculapius, instead of a son of Mars, and to display his skill in the use of blue pills instead of leaden ones." So much for Amos Throop.

At the outset it was arranged that there were to be annual meetings, held in Providence and Newport in alternate years. Applicants for membership were to be subjected to examination after presenting their credentials. It is impossible to enter into details of the earlier years, since prior to 1850 the proceedings were not published. We can get a glimpse of the prolonged controversy between the advocates and the opponents of blood-letting. To bleed or not to bleed, that was the question. To the old guard there was no other logical treatment of pneumonia than blood-letting on the first day ("the larger the orifice the better") and possibly the second, followed by tartar-emetic and purges, with no nourishment nor stimulants whatever. It is astonishing how large a number survived the ordeal. In any emergency the first thing to do was to open a vein. The public believed in it and failure to do so was sure to be ascribed as a reason in case of an adverse result. One doctor proudly reported a case of Haemoptysis in which he had resorted to "blood-letting" more than one hundred times in one year with relief in each instance and an amelioration in the course of the disease. Another reported a shoulder dislocation in a large and powerful man which had been mishandled by a "natural bone-setter" until, at the end of four or five days, it was greatly swollen and exquisitely tender. The patient was stood up in the middle of the room, a vein

opened and allowed to flow until the man slumped to the floor unconscious, when the dislocation was reduced with the greatest of ease. This was before the era of anesthetics.

The conflict was long and bitterly fought, but science was advancing and could not be denied. As late as 1888 we find good old Dr. Eldredge of East Greenwich, in his "Reminiscences of Fifty Years in the Rhode Island Medical Society," exhibiting a decided nostalgia for blood-letting and tartar-emetical and foreseeing that if for any reason our "antifebrin and antipyrine" failed us, we would be obliged to revert to the old practice.

The papers read were not too short. After each it was moved and seconded that "a vote of thanks be given to Dr. Jones for his valuable paper and that a copy be requested for publication." It took the Society about sixty years to outgrow this fragment of time-consuming ritual. Matters of business could be and were introduced from the floor by individual members at their own sweet wills. The meetings were held at various places but especially in the Colony House at Newport and the old State House in Providence. There was, of course, a dinner or at least a luncheon. Going over the old records, one is led to infer that the privilege of providing (and paying for) the banquet was one of the perquisites of the President in office. Dr. Eldredge hints delicately that it seemed to him at times that the attendance at the dinner was even larger than at the meeting.

In 1835, just one hundred years ago, the Society received from Dr. Caleb Fiske, who had been its fourth President, its most notable benefaction. The story of Dr. Fiske the man, and his wise and far-sighted benevolence, has been told, and told well, by Dr. Louisa Paine Tingley, his great-great-granddaughter, in THE RHODE ISLAND MEDICAL JOURNAL for October 1932. He was born, and died, about eighty-two years later, in the section of Scituate which later became a part of Cranston and was called Fiskeville in his honor. Educated in medicine under Dr. William Bowen, he, in turn, acted as preceptor to many who afterward became noted physicians. His was a busy life, in the course of which he was not only a successful country doctor, but also hospital surgeon, Judge of the Common Pleas Court, and banker and financier. He was given an honorary M.D. by Brown University in 1821.

The deed of gift of the fund is contained in his will, written in his own handwriting, which, in its

meticulous care to provide for every contingency, shows how dear this project was to the doctor's heart and how much thought he had bestowed upon it. After providing that nine-twelfths of the income of the fund shall be devoted to a prize to be given annually to the best essay upon a subject or subjects to be assigned by the trustees, and that two-twelfths be set aside as remuneration for the trustees, he cannily adds: "And it is also believed that said trustees . . . will frequently, if not *uniformly*, render their service *gratuitously*, whereby a further addition may be made to said fund." The acceptance of this gentle hint by the various boards through the last century has swelled the fund by some thousands of dollars. Starting at \$2,000 in 1835 it has increased some six or seven fold in a century.

The trustees have served diligently and conscientiously in carrying out the wishes of the donor. The late Dr. S. Augustus Arnold served as secretary of the fund for twenty-six years.

Beginning with prizes of Forty Dollars, the premiums have increased, as the income of the fund and other circumstances dictated, until they reached Two Hundred Dollars. In one or two years no essays were received; in several years none of those offered was found "worthy of a premium." They have come from authors, not only in Rhode Island, Massachusetts and Connecticut, but also California, Oklahoma, Ohio, Indiana, North Carolina, Virginia, Washington, D. C., Maryland, Pennsylvania, New York, Maine and from London, England. The number awarded premiums up to 1935 was sixty-eight, of whom thirty-one were from Rhode Island and thirty-seven from all other points included; quite a fair showing for our state against the field, but it would not be quite so creditable if we eliminated Dr. Charles V. Chapin whose keen mind and facile pen have led him to victory no less than eight times. There have been other repeaters, but he has been by far the worst offender. The whole number of authors of these sixty-eight prize essays was, therefore, only forty-eight.

Dr. Fiske, always a studious observer of medical progress, builded himself a monument which will keep his name and fame alive for many years to come.

During this period medical science was advancing with constantly accelerated pace. The stethoscope and clinical thermometer had come into use. Then in 1846 came the greatest discovery of all times, that of anaesthesia. The subject is too

familiar to you to require elucidation. Suffice it to say, quite tritely, that it altered over night the whole aspect of surgery and obstetrics.

The population of the state, and especially of Providence, was growing apace. While the city in 1800 had only 7,614 souls, it had in 1850, 41,513. This rapid growth created many problems of sanitation and hygiene which the medical society took a leading part in trying to solve. It must be remembered that the city had as yet no general hospital. Dexter Asylum with its infirmary had been opened about 1835 and Butler Hospital began its great work in 1844. The Marine Hospital, limited to sailors, and really only a lazarette, carried on in a small way on the same spot where the Rhode Island Hospital now stands. There was no city water, no sewers. The citizens were supposed to be protected by the old "night watch." The fire department consisted of a few volunteer companies with their hand-tubs. Every free-holder was required to have his row of leather fire-buckets hanging in his front hall where they could be grasped at the first dread call of "FIRE!"

There had been no proper registration of marriages, births and deaths. They had been entered in the family Bible or not at all. The Society took that matter in hand and had a law passed in 1850 requiring the town officers in every town to report regularly.

It was said that Dr. Joseph Mauran (he who built the Mauran Block on Benefit Street which was demolished to make room for the new Court House), who was long one of the most tireless and energetic members of our Society, while on a visit to the "home of his ancestors" in Italy, saw there the orderly records for hundreds of years and came home determined to start something of the sort here, and, according to the word of his contemporaries, whatever he set out to do, he accomplished. He also labored strenuously in promoting the building of the Rhode Island Hospital, still a score of years in the future. It would be interesting, if time and space permitted, to give sketches of other strong men of that period—the venerable Levi Wheaton; Usher Parsons, the surgical hero of the battle of Lake Erie; Isaac Ray, first superintendent of Butler Hospital, who gave it an initial impetus it has never lost, and many others.

It has been mentioned that at the outset applicants educated in the old apprentice method were examined, given licenses to practice, and admitted to the Society. After the turn of the century medi-

cal schools sprang up here and there like mushrooms; more and more young men were coming to locate in Rhode Island who were already armed with diplomas and medical degrees. Just when the possession of a diploma became obligatory the old records do not establish, but the date was probably before 1850. The examination before the Board of Censors was, for the most part, perfunctory and consisted chiefly of registering and showing your diploma. The Society set its face resolutely, as did that of Massachusetts, against all those claiming to practice exclusive systems of any sort. Those subscribing in our sister state swore, if memory serves correctly, not to profess to practice "allopathy, homeopathy, thompsonianism, eclecticism, or any other kindred delusions." There was, of course, never a system of allopathy. The term "allopath" was a nickname introduced by the opponents of the regular school and quickly taken up by the public, and, we fear, accepted by some of the more ignorant or careless of our own branch of the profession. Every true physician is, of course, an eclectic in the sense that he is free to use any and every agent which he conscientiously believes will benefit his patient.

The meetings of the Society, which at first were held annually in alternate years at Newport and Providence, became semi-annual in 1846, the place of the mid-year meeting being determined by vote. In 1860 Newport was abandoned as a meeting place except on special occasions. Providence was growing very rapidly and was much easier of access for the majority of the members. In 1866 the meetings became quarterly, the annual meeting to be held at Providence in June, the place for the other sessions being determined by vote. Rhode Island is the only state having quarterly meetings. Its comparatively small area and the fact that more than half of the members are located in Providence have made the frequent meetings possible and profitable.

The Providence Medical Association, which has always worked in harmony with the State Society, was organized in 1848 and has met monthly since, except during the summer months.

The American Medical Association held its first convention in Philadelphia in 1847. Rhode Island has always sent delegates. Dr. Usher Parsons was First Vice-President in 1853 but the state has never been honored by being given the presidency.

The Rhode Island Medical Society was the first to send delegates to the annual meetings of its sister societies and the A. M. A.

In 1858 the Society began to publish its "Transactions" with minutes of its meetings, selected papers and obituaries, frequently with pictures of the departed members. They continued to be published until 1912 when THE PROVIDENCE MEDICAL JOURNAL assumed, in part, their functions. While the JOURNAL, a monthly, brings the record to us more promptly, there can be no doubt that the "Transactions" furnished a more complete and more permanent medium.

As for the meetings themselves: in spite of the valiant efforts of Geo. L. Collins, Sr., and some of his colleagues to reform them, they continued to be cluttered up with extraneous matters, undigested resolutions and motions, introduced only to be withdrawn or laid on the table, to such a degree as sometimes not to leave time for the reading of papers.

To the new member, entering the arena for the first time, affairs seemed to be largely in the hands of the old guard, dignified and venerable men, some of them white of hair and beard and increasingly bald as to their scalps. The discussions were very free, some of the members getting to their feet three or four times in the same case, if not squelched.

The discussion itself would sound odd today; as, for instance, one patriarch reported the efficacy of croton oil as a cure for scarlatina; at the very next quarterly meeting he reported a case of spinal meningitis which yielded readily to croton oil; another had noted that epidemics invading Rhode Island followed the course of the Blackstone River; a fourth spoke of some points of similarity between diphtheria and croup; still another, Dr. B., had noticed that when cholera infantum was prevalent we did not see so many cases of diphtheria and vice versa; finally one highly respected physician, after enumerating very carefully all of the causes of sickness in children of school age, wound up with "and, especially, reading of works of fiction."

This was only sixty years ago. Instead of smiling it is well to question whether, in spite of our instruments of precision, we, with our half digested theories and pre-announced discoveries, are not piling up missiles for the critics of 1975 to hurl at us.

In 1873, after much argument pro and con, Dr. Anita E. Tyng became the first woman to be elected to the Society. Once taken in she bore her full part in its work. Before her election it had been objected that, while a woman might do very well in nursing,

if there was anything really the matter, she would have to call in a doctor. Dr. Tyng replied not in words, but by deeds, by beginning her lengthy string of ovariectomies; and this was in the pre-antiseptic era. Her career here, in Philadelphia where she was Superintendent and Resident Physician of the Women's Hospital, and later in Jacksonville was a distinguished one. She always retained her membership here and returned frequently.

We have seen how the work of registration of births, marriages and deaths had been left to the town officers in 1850. When, after a year's time, not a single report had been returned, the Medical Society took over that work and continued it until the establishment of the State Board of Health in 1878. The creation of this board had been largely due to the Rhode Island Medical Society.

"With the appointment of Dr. Edwin M. Snow as City Registrar in 1855, the Providence records were put on a firm basis and the registration reports of the city begun by him and continued to this day are recognized as the best in the country." (C. V. C.)

"Dr. Snow was one of the leading sanitarians of the day and his first and only report as Superintendent of Health, in 1856, remains a model. When asked, years later, why he never wrote another, he said, because he was waiting for the City Council to do some of the things he had recommended." (C. V. C.)

In 1871, through the efforts of our legislative committee and despite the opposition of the liquor interests, the legislature passed the law requiring the examination and registration of pharmacists and creating the Board of Pharmacy.

Many and vital innovations have been made through the initiative and co-operation of our Society. One of the most important was the Medical Examiner Act which did away with most of the abuses, inadequacies and delays of the old coroner system. This was enacted in 1884.

Dr. H. W. Williams of Boston, an honorary member, in 1878 urged that we secure a law governing the registration of physicians and regulating the practice of medicine, so as to protect the public, and, incidentally, ourselves from the numerous charlatans and quacks who infested the country. His suggestion was followed, a committee was appointed and worked faithfully; but many of the legislators, as well as of the public, thought that the doctors were trying to put something over for their

own aggrandizement, rather than for the good of society at large. The law was finally secured, after sixteen years lobbying, in 1894.

The two acts, one compelling the examination and registration of pharmacists, the other accomplishing the same ends for the medical profession, constitute the most important protection, the greatest benefaction to the people of Rhode Island, which our Society has been able to make.

With the passage of the Medical Practice Act came one more change in the method of examining candidates. Examination by the Board of Censors had never provided an adequate test of an applicant's ability or attainments. In 1885 a board of five examiners was created and thereafter a real test, both written and oral, was given. The ultimate passage of the "Act Regulating the Practice of Medicine" automatically abolished the board of examiners, its function devolving upon the State Board of Health.

The A. M. A., which began in 1847, was so loosely organized and had become so unwieldy a crowd of delegates, that it was reorganized in 1900 on essentially its present lines. The Society had sent delegates annually; it now joined the American Medical Association in 1902, and adopted its polity, which placed the control in the hands of the Council and House of Delegates and provided that all matters of business must be submitted to these bodies before being brought before the Society. With this radical change our meetings, for the first time in our history, became orderly and allowed ample time for reading and discussing the papers presented.

The need of a home and school for defectives was first suggested in 1904; of a psychopathic hospital in 1905. The Sanatorium at Wallum Lake was opened in 1906; the Providence City Hospital in 1910, and the School for the Feeble-Minded in 1907. All of these indispensable projects originated in the R. I. Medical Society. The City Hospital (now the Charles V. Chapin Hospital) speedily achieved the foremost rank among hospitals for contagious diseases; it was not until the summer of 1930 that it opened its Psychopathic Ward.

Two or three papers presented between 1870 and 1890 deserve brief mention as illustrating the rapid strides being made in medical science. In 1878 Dr. Caswell read a paper on "Lister's Method of Antiseptic Surgery." This was the first mention of this subject before the Society and led to many arguments pro and con. One of the die-hard conserva-

tives triumphantly polished off his opponent of the moment by tauntingly demanding "what are these germs that you believe in, but can't see?"

The transition from antiseptic to asepsis was so gradual as to leave few traces in the records. Dr. Robert F. Noyes's masterly thesis on Perityphlitis in 1882 attracted wide attention. It was followed in 1886 by Dr. Reginald Fitz's paper on Appendicitis. These two remarkable monographs played the major role in establishing the identity and pathology of the disease and opened the floodgates for the greatest and most widespread torrent of surgery the world has ever seen.

It intrigues one to note that for three successive years in the late nineties the trustees of the Fiske Fund annually offered a prize of \$350 for the best essay on "The Etiology, Pathology and Treatment of Enlarged Prostate" without attracting a single paper. Evidently the trustees had gotten a little ahead of the current. The question was withdrawn in favor of something easier.

Dr. Chase Wiggin at his death left a fund emulating that of Dr. Fiske but so hampered by its conditions that for more than forty years it has absolutely failed to function. Under it a prize of \$40 has been offered annually for the best essay, "worthy of a premium," on the effects of either alcohol, tobacco, or tea and coffee on those using them, with the stipulation that, to be accepted, these effects must be proved to be harmful.

The "Rhode Island Medical Science Monthly" was started as a private venture but under the patronage of the Society in 1894. The next year it was voted that all reporters should be excluded from our meetings, thus giving the Monthly a clear field. It died in 1896 and was followed by the Atlantic Medical Weekly which soon became open to criticism for garbling and distorting the proceedings and papers. The Weekly expired in 1898.

In 1900 the Providence Medical Association began publishing the Providence Medical Journal, at first quarterly and later bi-monthly, which, in 1910, arranged to publish the proceedings and papers of the R. I. Society. This put an end to the "Transactions" after a life of sixty years. The last volume printed was that for 1911. Five years later, in 1916, it was arranged for the State Society to take over and continue the journal as the RHODE ISLAND MEDICAL JOURNAL, a monthly.

As early as 1824 Dr. Fiske had given to the Society "72 volumes containing 30,792 pages (in-

(Continued on page 108)



ROLAND HAMMOND, M.D.

*President of the
Rhode Island Medical Society*

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Meets the second Thursday in each month excepting
July and August

W. A. BERNARD	<i>President</i>	Woonsocket
T. S. FLYNN	<i>Secretary</i>	Woonsocket

EDITORIALS

THE ANNUAL MEETING

The Rhode Island Medical Society innovated a new procedure this year in its annual meeting. The change was in the nature of an experiment in order that members might intelligently determine the advisability of making it permanent.

This year the annual meeting was of two days duration and included clinics in the various hospitals during the mornings, scientific papers afternoons and evenings, plus a good sized scientific exhibit. In fact the magnitude of the display was quite surprising.

After talking with those responsible for the clinics in various hospitals and with many attending those clinics there appears to have been an extraor-

dinary amount of interest and enthusiasm in them. In fact in some cases the capacity of the hospital to handle the visitors was taxed.

The Auditorium in the Medical Library is a fairly large room. This was nearly full for most of the papers. The program was a timely one involving subjects that are controversial. Further the program contained at least one symposium which leaves more than isolated papers. Men of reputation were selected to read the papers.

When one compares the value of the last annual meeting as judged by the interest shown with those of the past, it does not seem possible that the Rhode Island Medical Society will return to the former procedure,—not at least if subsequent annual meetings are of the same high type as the one just completed.

ADDRESS EARLY AMERICAN HISTORY

(Continued from page 105)

cluding numerous plates)." Think of the time wasted in counting those pages. Many other donations were made and welcomed; but there was no place to put these books and no one to keep track of them. So it happened that when the matter of the library was seriously dealt with in 1879 only 130 volumes could be found and those were mostly exchanges from other societies.

In 1880 Dr. George D. Hersey was made librarian and under his untiring care the library assumed form and grew rapidly. In 1883, after only three years, Dr. Terry made a card catalogue of 2,503 items. In 1911 there were more than 30,000 volumes. Until 1900 the books and medical journals were kept in the rooms of the Franklin Society on North Main Street, which were stuffed almost to the bursting point. Dr. Hersey made it a point to be there, or have someone there, for the two hours each week-day during which the library was open.

In 1900 conditions had become intolerable and arrangements were made with the newly opened Public Library by which our library could occupy the rooms on the third floor, provided we furnished an attendant or librarian. Miss Dickerman's long and faithful service as assistant librarian and librarian began at that time. The privileges of the library were extended to the students and faculty of Brown and others and were taken advantage of largely. Too high praise cannot be given to Dr. Hersey for constant, unflinching interest in the library and all the hard work he did for it and the Society.

We have met in diverse and sundry places in the last 123 years, but always there has been something to eat as well as to drink. The act of incorporation in 1812 provided that it should be so. We have run the gamut from the Central Hotel on Canal Street to the Squantum Club and Biltmore. There was a time many years ago when it was voted at the quarterly session that each man should pay for his own dinner at the annual meeting. The very first business of the next meeting was to rescind that vote and they ate on the Society that day, as usual.

In 1868 the Rhode Island Hospital opened its doors to rich and poor alike. Its relations with the Society have always been very close. For some years our meetings were held there and it was voted

to give our library, such as it was, to the Hospital. These books were returned later with interest.

Equally close have been our relations with the Biological Department at Brown University, since its establishment in 1890 by Dr. Bumpus. Our meetings were held for many years in Rhode Island Hall. The co-operation between the Medical Society and Biological Department has been mutually advantageous.

Always the Society has been poor and always, until recent years, there has been the problem of how to deal with the matter of unpaid assessments. On one occasion, when Geo. L. Collins, Jr., was treasurer, it became necessary for a certain doctor, who shall be nameless, in order to obtain a coveted appointment, to show that he was in good standing in the Medical Society. He was seven or eight years in arrears. So he called on Dr. Collins, who figured up his indebtedness, took his money and gave him a receipt. He did *not* get the appointment. His death occurred shortly after, when Dr. Collins, in closing his account, discovered that he was privileged to enjoy all the facilities of the Society for a full year after death.

The Society had grown steadily from the beginning. The first mention of the need of a home of its own was made by Usher Parsons in 1859. The first donation toward a building fund was a gift of \$500 from Mrs. T. P. Shepard in 1882. In 1878 Dr. Chase Wiggin had agreed to give \$1,000, and \$25 annually thereafter, provided the Society raised \$600 a year from other sources—but this was toward the library rather than the building fund. In 1887 the General Assembly granted the right to hold property up to \$100,000 in value. A building committee was appointed; and still the matter dragged along until the Society was notified by the trustees of the Public Library that it would have to remove its books by 1912 as they were in urgent need of the space. Then the Society really got busy, committees were appointed, a site bought, plans drawn, contract let, and on June 1, 1911, the cornerstone was laid just ninety-nine years after the founding of the Society. Starting in 1812 with 49 members, it now had 410.

Dr. Frederick T. Rogers, by his hard work, unflagging zeal in the interests of the Society, and, most of all, by his contagious enthusiasm, played the leading part in the building program.

In June 1912, just one year later, the building was formally dedicated and opened. The exercises

of the day closed with a banquet at the Eloise, at which ladies were present. Dr. Abraham Jacobi, President of the American Medical Association, delivered the principal address.

The total cost of building and stacks had been about \$52,000.

The R. I. Medical Society at last had a home of its own, modern, fireproof, furnished and decorated, with an ample auditorium in which to hold meetings, a fine reading room and adequate provision for the shelving and care of its valuable library of about 30,000 volumes.

The Society now numbers 465 active, 18 non-resident and 4 honorary fellows. Its meetings are well attended, the papers presented are abreast of the science of today, the time allowed for discussion is ample but limited.

Meanwhile the City of Providence, which in 1850 had only 41,513 inhabitants and no hospital facilities whatever, had grown in 1930 to a population of 252,981 souls, beside several hundred thousands in adjoining towns and cities, served by fifteen hospitals (besides many private institutions) containing 4,355 beds and covering, among them, every specialty.

With this mass of clinical material and constant increase in facilities the Rhode Island Medical Society is destined to a long career of service to the community and state.

* * *

Before closing let us glance briefly at only a few among the many outstanding figures who have made the Society what it is. It is worthy of note that all of them were, or had been, general practitioners.

Dr. James W. C. Ely, tall, slender, austere in appearance but kindly and genial, was the very highest type of the family doctor. His wide experience, keenness of observation and skill in diagnosis made him our most valuable medical consultant. On one occasion when the writer had asked him to see a case in consultation and had started to give him the history, he was stopped by the question, "Who was his grandmother?" which, being answered, brought at once to the old doctor the memory of two generations of neuroses and psychoses. A life-long student, he was at 87 years of age more widely conversant with current medical literature than any of his colleagues.

Dr. John Mitchell was one of the most suave and courteous of men, equally at home in the sick-room

or the operating theater, beloved by his patients, and in great demand as a consultant. He was particularly considerate and helpful to the younger doctors. Few, if any, worked more faithfully for the interests of the Society and none could exert a stronger influence in its favor among the socially powerful in the community.

Dr. Clarence T. Gardner was a man of great personal charm and magnetism. Fairly tall and of unusually powerful build, he left college in 1861 when Fort Sumter was fired upon and, though nearly two years under the legal age, enlisted in the 1st Rhode Island regiment and was commissioned Lieutenant. He remained in the service over four years, but, notwithstanding that fact, took his M.D. at Harvard Medical School and joined the R. I. Medical Society in 1866 while still in his twenty-second year. He took a very active part in the Society's meetings both as an officer and contributor of papers. He enjoyed a very large practice, both medical, surgical and obstetrical, and was idolized by many of his patients. He was a born surgeon, bold but skilful. Great manual dexterity, faultless technique, and rigid attention to cleanliness enabled him to perform many successful laparotomies before the antiseptic era.

Dr. Edward T. Caswell, whom Dr. Oliver Wendell Holmes would have described as belonging to the Brahmin caste, was one of the most highly educated men, in schools here and abroad, of his time. To him belongs the credit of first bringing Listerism before the Society. He was a visiting surgeon at the Rhode Island Hospital.

Dr. George W. Carr, tall, broad-shouldered and dignified, joined the Society in 1860. When the Civil War began he enlisted and served four years as a surgeon. He retained his interest in the Society through life.

Dr. Horace G. Miller, one of the most kindly and humane of men, considerate in all his dealings with his fellow-mortals and especially so where the poor and lowly were concerned, worked zealously at all times and contributed liberally of his substance to the Society and its library. He was one of Nature's noblemen.

Dr. James H. Eldredge of East Greenwich was in all respects, save his attire, which was modern and up-to-date, "a gentleman of the old school," very genial at all times but courtly withal, reminding one in appearance and manner of a well-to-do English country squire. He was the most beloved

and highly respected citizen of East Greenwich, where he entertained the whole Society on several occasions at his house with old-fashioned, gracious hospitality. In spite of his distance from the city, he was very regular in his attendance at our meetings.

Dr. Henry E. Turner remained the old school gentleman, clinging to the long frock-coat, stock and cravat as long as he lived. Punctilious in attendance upon the Society's meetings, he was for a score of years after the passing of his father and the two Drs. David King, father and son, almost the only connecting link with the Newport branch of the Society.

Last to be mentioned from the standpoint of seniority is Dr. Robert F. Noyes. Studious, clear-headed, logical, a keen observer and intelligent interpreter of "signs and symptoms," he was a tower of strength in diagnosis and treatment and an inspiration and guide to all of his colleagues, but especially to the younger generation. The medical profession suffered a grievous loss in his too early death.

* * *

It is perhaps invidious to thus select a few from the many who have left their mark upon the Rhode Island Medical Society; but its future is assured if, in the years to come, it can command the services of others as competent and forceful.

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In checking the books of the Davenport Collection by our shelf list, as is our custom after each meeting, we find two volumes missing.

Will the member who has Anthropology—*Untrodden Fields of Anthropology*, by a French Army Surgeon, 2 volumes—kindly return them at once as the books of this Collection are not for circulation.

LIBRARY COMMITTEE

SOCIETIES

(Owing to our rather crowded pages, the transactions of the Rhode Island Medical Society, together with the list of officers and committees with their reports will be found in the August issue of this JOURNAL.

BOOK REVIEW

FLINN, FREDERICK B. Some Clinical Observations on the Influence of Certain Hygroscopic Agents in Cigarettes, Laryngoscope, 1935, XLV, No. 2, 149-154. Mulinos & Osborne (Proc. Soc. Exper. Biol. and Med. 32: 241-245, 1934).

Using rabbits, Flinn showed the edema caused by cigarettes using diethylene glycol as hygroscopic agent to be less than that from cigarettes using glycerine. He reports a number of clinical observations. In cases showing congestion of some portion of the mucous membrane of upper respiratory tract as result of smoking glycerine treated cigarettes, on smoking cigarettes containing diethylene glycol, congestion disappeared in 62.3 per cent and considerable improvement noted in other 37.7 per cent. On returning to glycerine treated cigarettes 80 per cent showed a return to the congested condition of the pharynx and larynx. Coughs and irritation of the tongue showed analogous results. "Summary: The combustion products of glycerine when it is used as a hygroscopic agent in cigarettes will under certain conditions cause an irritation of the throat. The combustion products of diethylene glycol cause only a slight irritation, if any, of the throat. There is some evidence that they may be beneficial where irritation is present."